



# New Directions

Developmental Disabilities Administration

Consumer-Directed Services Waiver

## Fact Sheet

### New Directions may be right for you if:

- You have been found “DD Eligible” for DDA funded services
- You would like to be more involved in directing how, when and by whom your services are delivered
- You are willing to take on additional responsibilities, in addition to taking greater control of your services
- You are energetic, optimistic and focused on positive outcomes for your future
- You are currently receiving DDA services
- You have been identified as a priority for funding by your Regional Office

### **“DD Eligible” means you must have a disability that:**

- Is severe and chronic (such as mental retardation, cerebral palsy, Down’s syndrome);
- Manifested prior to the age of 22 years old;
- Is attributable to a physical or mental impairment other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments;
- Is likely to continue indefinitely;
- Results in the inability to live independently without external support or continuing and regular assistance; and
- Reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are individually planned & coordinated for the individual.

You are willing to work with the Fiscal Management Service (FMS), selected by the State, that will pay for your approved services out of your individual budget. The FMS will monitor your budget and provide you with detailed monthly statements.

### New Directions may NOT be right for you if:

- You do not have DDA funding
- You have not been identified by your Regional Office as a priority for funding
- You do not wish to take on more responsibilities in managing your services
- You are satisfied with your current services

If you have not applied for services from DDA in the past, you may request an application from the Regional Office that serves your county or download an application from the DDA website ([www.ddamaryland.org](http://www.ddamaryland.org)) and send it to the Regional Office that serves your area.

You do not want help with managing and paying for your approved services.

**New Directions may be right for you if:**

**New Directions may NOT be right for you if:**

The services you are interested in self-directing are:

- Assistive Technology
- Accessibility Adaptations
- Community Access Transportation
- Family and Individual Support Services
- Community Supported Living Arrangements
- Respite
- Support Brokerage
- Supported Employment Services
- Community Learning Services
- Employment Discovery and Customization
- Live-In Caregiver Rent

The services you are interested in self-directing are:

- Residential Services (ALU or Group Home)
- Resource Coordination
- Traditional Day Services
- Transition Services
- Medical Day Care

You are willing to work with a Support Broker who will assist in the decisions on what supports or services are best for you, help with recruiting and hiring of staff and make sure supports are in place for you to live successfully in the community.

You are not willing to work with a Support Broker.

You want to choose who provides your service by interviewing, hiring, training, supervising and, if necessary, terminating employment. You are the “Employer” responsible for issuing paychecks, paying/withholding federal and state taxes, obtaining workers’ compensation and other necessary employment related insurances. *Assistance in these areas will be provided by the Fiscal Management Service and/or the Support Broker.*

You do not wish to take on the responsibility of the “Employer”

If you have any questions concerning New Directions, you may call the New Directions Regional Coordinator in your region.

**Central Maryland**

Counties Served: Anne Arundel, Baltimore, Harford, Howard and Baltimore City

Melisha Martinez  
1401 Severn Street  
Baltimore, MD 21230  
Telephone: (410) 234-8200  
Toll Free: 1-877-874-2494  
TDD: (410) 363-9430

**Eastern Shore**

Counties Served: Caroline, Cecil, Dorchester, Kent, Queen Anne’s, Somerset, Talbot, Wicomico, Worcester

Mike Wool  
1500 Riverside Drive  
Salisbury, MD 21802  
Telephone: (410) 334-6920  
Toll Free: 1-888-219-0478  
TDD: 1-800-735-2258

**Southern Maryland**

Counties Served: Calvert, Charles, Montgomery, Prince George’s, St. Mary’s

Gail Singletary  
312 Marshall Avenue, 7<sup>th</sup> floor  
Laurel, MD 20707  
Telephone: (301) 362-5100  
Toll Free: 1-888-207-2479  
TDD: (301) 362-5131

**Western Maryland**

Counties Served: Allegany, Carroll, Frederick, Garrett, Washington

Tina Swink  
1360 Marshall Street  
Hagerstown, MD 21740  
Telephone: (301) 791-4670  
Toll Free: 1-888-791-0193  
TDD: (301) 791-4015

If you feel that New Directions is right for you, please fill out the Regional Information Form and forward to the New Directions Regional Coordinator in your region.



**Developmental Disabilities Administration**

*Consumer-Directed Services Waiver*

## Regional Information Form

### **THIS IS NOT AN APPLICATION FOR WAIVER SERVICES**

Submitting this form lets the DDA Regional Office know of your interest in *New Directions*. The Regional Coordinator will contact you to provide information, answer questions and discuss self-directed service options.

**Person Interested in Receiving *New Directions* Services:**

☐ Verbal

☐ Non-Verbal

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name/Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Medical Assistance #

**Contact Person, if different than above:**

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Telephone #

**Please check all that apply:**

- ☐ I have been found "DD Eligible" for DDA funded services
- ☐ I would like to be more involved in directing how, when and by whom my services are delivered
- ☐ I am willing to take on additional responsibilities, in addition to taking greater control of my services
- ☐ I am currently receiving DDA services. Please include service(s) being received:  
\_\_\_\_\_

- ☐ I have been identified as a priority for funding by my Regional Office

**Please check all services you would be interested in self-directing:**

- ☐ Assistive Technology
- ☐ Accessibility Adaptations
- ☐ Community Access Transportation
- ☐ Family and Individual Support Services
- ☐ Community Supported Living Arrangement
- ☐ Respite
- ☐ Supported Employment Services

Please let us know of any workshops/trainings you have attended related to self-directed services (Person-Centered Planning, Individualized Budgeting, Fiscal Intermediaries, etc)

\_\_\_\_\_  
Name of Workshop/Training

\_\_\_\_\_  
Provided by

\_\_\_\_\_  
Name of Workshop/Training

\_\_\_\_\_  
Provided by

\_\_\_\_\_  
Name of Workshop/Training

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Provided by